



Please Return Application to: Licensing 1594 West North Temple, Suite 2110, Box 146301, Salt Lake City, Utah 84114-6301  
**FISHING LICENSE APPLICATION FOR VETERANS WITH DISABILITIES**

**R657-12-10 Fishing Licenses for Veterans with Disabilities Provides:**

(1) A resident who has a service-connected disability of 20% or more and is not eligible to fish without a license under Section 23-19-14 or to receive a free fishing license under Section 23-19-36 may purchase a discounted 365-day fishing license upon furnishing verification of a service-connected disability and paying the fee established in the approved fee schedule.

(a) "Armed Forces" means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof and the Army and Air National Guard of the United States.

(b) "Service-connected disability" means injury or illness incurred or aggravated:

(i) while in Armed Forces service; and

(ii) that is recognized by the United States Department of Veterans Affairs or by a branch of the Armed Forces.

(c) "Verification of Service-Connected Disability" means an official written letter, statement, or card issued by the Department of Veterans Affairs or by a branch of the Armed Forces certifying that the person has a service-connected disability with a disability rating of 20% or higher.

(2) The discount provided in this section on the purchase of a fishing license does not apply to combination licenses.

(3) Veteran fishing licenses shall be issued at division offices and may be issued online or at license agents. The purchaser may be required to complete an affidavit of the service-connected disability at the time of purchase.

**This Application is meant to facilitate a discounted fishing license purchases in instances where traveling to a regional office is difficult. If you need a license quickly please visit a regional office at your convenience. For mail in applications please allow 2 weeks for processing.**

**1. I have included a copy of my official certification letter indicating service connected disability of 20% or greater**

☐

Yes

☐

NO (applications marked no will not be processed)

**2. Applicant name: \_\_\_\_\_ Phone Number: \_\_\_\_\_**

**3. Address: \_\_\_\_\_**

**City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**4. Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_**

**Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_**

**I have included a check or Money Order for \$12.00**

**5. I would like a representative to contact me for a credit ☐ card payment by phone. ☐**

As the person who prepared this application, I declare under the penalty of perjury that to the best of my knowledge the information provided in this application is true and correct, and that the applicant under all prevailing laws and statutes qualifies to apply for and possess this license.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

For more information or additional consideration please contact: Brad Vaske (801) 538-4815

Fax to: (801) 538-4858

Mail originals to: Attention Licensing

1594 West North Temple Suite 2110

Salt Lake City UT, 84114

\*You must provide the original documentation prior to being issued a C.O.R. You may bring this to any division office.

